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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	04/19/2001
First Named Inventor	CHURCH
Group Art Unit	
Examiner Name	
Attorney Docket Number	CMS

I hereby appoint:

Practitioners at Customer Number



Place Customer
Number Bar Code
Label here

Practitioner(s) named below:

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray			
Address	1493 Chain Bridge Road			
Address	Suite 300			
City	McLean	State	VA	Zip 22101
Country	US			
Telephone	(703) 442-4800	Fax	(703) 448-7397	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kenneth H. Church	
Signature		
Date	18 APR 01	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		CMS
First Named Inventor		CHURCH
COMPLETE IF KNOWN		
Application Number	/	
Filing Date	04/19/2001	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Laser Sintering of Materials and a Thermal Barrier for Protecting a Substrate

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/198,377	04/19/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Custom Number or Bar Code Label
 OR Correspondence address below

Name **James C. Wray**

Address **1493 Chain Bridge Road**

Address **Suite 300**

City McLean	State VA	ZIP 22101
Country US	Telephone (703) 442-4800	Fax (703) 448-7397

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name Kenneth H.	Family Name Church
(first and middle [if any])	or Surname

Inventor's Signature 	Date 18APR01
--	---------------------

Residence: City Stillwater	State OK	Country US	Citizenship US
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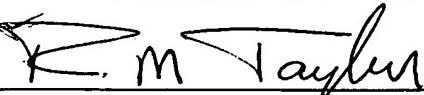
Mailing Address **5202-2 N. Richmond Hill Road**

Mailing Address

City Stillwater	State OK	ZIP 74075	Country US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Robert M.	Family Name Taylor
(first and middle [if any])	or Surname

Inventor's Signature 	Date 4/18/01
--	---------------------

Residence: City Perkins	State OK	Country US	Citizenship US
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Mailing Address **5202-2 N. Richmond Hill Road**

Mailing Address

City Stillwater	State OK	ZIP 74075	Country US
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Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (10-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Lowell R. [Signature]		Family Name or Surname	Matthews
Inventor's Signature				Date <u>4/18/01</u>
Residence: City	Stillwater	State	OK	Country US
Mailing Address	5202-2 N. Richmond Hill Road			
Mailing Address				
City	Stillwater	State	OK	ZIP 74075 Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Robert L. [Signature]		Family Name or Surname	Parkhill
Inventor's Signature				Date <u>4/18/01</u>
Residence: City	Stillwater	State	OK	Country US
Mailing Address	5202-2 N. Richmond Hill Road			
Mailing Address				
City	Stillwater	State	OK	ZIP 74075 Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name				Family Name or Surname
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	

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